

Dr. Fitch

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039577

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1366

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397

203962

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

PLACE OF DEATH 16 1963

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELDLength of stay in 1b
47 YRSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY GREENE

c. CITY OR TOWN SPRINGFIELD,

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
ROUTE 4, BOX 176Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARIE

Middle

B.

Last

MASE

4. DATE OF DEATH

Month

Day

Year

OCTOBER 9, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/7/15

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY BELLANGER

13b. MOTHER'S MAIDEN NAME

CELINE LAPORTE

14. NAME OF HUSBAND OR WIFE

DARRELL MASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DARRELL MASE, RT # 4 SPFLD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Carcinoma of Breast
Surgical Removal 16 months ago
1 yearINTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-7-63 to 10-9-63 and last saw her alive on 10-8-63
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

M.D.

22b. ADDRESS

SPRINGFIELD, MISSOURI

22c. DATE SIGNED

10-9-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

10/11/63

23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN

23d. LOCATION (City, town, or county)

SPRINGFIELD, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

HERMAN LOHMEYER, SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

10-14-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1963

10/19/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucian T. Sheddley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.